

CORRECTION AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

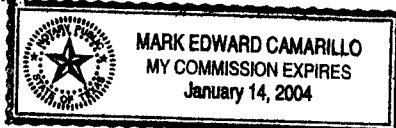
RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

2001 SEP 17 PM 3:37

See backside for instructions

1 ACCOUNT #	2 Total pages filed: <u>1 of 4</u>
3 COMMITTEE NAME <u>Enrique M. Barrera Campaign</u>	OFFICE USE ONLY
4 TREASURER NAME FIRST <u>Leticia</u> MI <u>G</u> LAST <u>Barrera</u>	
5 ORIGINAL REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report <input type="checkbox"/> 8th day before election <input type="checkbox"/> Other (specify) _____	
6 ORIGINAL PERIOD COVERED Month Day Year Month Day Year <u>04/26/01</u> THROUGH <u>06/30/01</u>	Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Legal Totals Date Processed Date Imaged
7 EXPLANATION OF CORRECTION <u>Rent for campaign headquarters was not included as no invoice was received.</u>	

8 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, that I did not intend to violate a reporting requirement when I filed the original report.

Leticia G. Barrera
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Leticia Barrera this the 14th day of Sept., 20 01.

to: certify which, witness my hand and seal of office.

Mark Edward Camarillo Mark Edward Camarillo Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember to Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**



SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: 2-4 of 4	
3 COMMITTEE NAME Enrique M. Barrera Campaign				OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6435 Buena Vista San Antonio, TX 78237		Date Received	
5 CAMPAIGN TREASURER NAME		TITLE FIRST MI Mrs. Leticia G. NICKNAME LAST SUFFIX Barrera		Receipt # Amount	
				Date Processed	
				Date Imaged	
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6435 Buena Vista San Antonio, TX 78237			
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6435 Buena Vista San Antonio, TX 78237			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (210) 432-2431			
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED		Month Day Year Month Day Year 04/26/01 THROUGH 06/30/01			
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 05/05/01			
GO TO PAGE 2					

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

**12 COMMITTEE
NAME**

 ACCOUNT #
(Ethics Commission filers)

Enrique M. Barrera Campaign

**13 COMMITTEE
PURPOSE**

 (Attach lists on plain
paper to complete this
report if necessary.)

☒ CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

Enrique M. Barrera

☐ OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

City Council, Dist. 6

☒ SUPPORT

☐ OPPOSE

☐ ASSIST
(officeholders only)

☐ MEASURE

BALLOT IDENTIFICATION / #

 ELECTION DATE
Month Day Year

DESCRIPTION

**14 NO REPORTABLE
ACTIVITY**
☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

**15 CONTRIBUTION
TOTALS**

 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

 2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ -0-

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

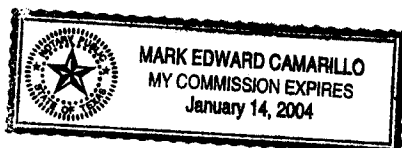
\$ 500-

**OUTSTANDING
LOAN TOTALS**

 5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ -0-

16 AFFIDAVIT

 I swear, or affirm, under penalty of perjury, that the accompanying
report is true and correct and includes all information required to be
reported by me under Title 15, Election Code.


Leticia B. Barrera

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

 Sworn to and subscribed before me, by the said Leticia Barrera, this the 14th day
of Sept., 20 01, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 (4th of 4)

2 FILER NAME

Enrique M. Barrera Campaign

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

06/01/01

Ithaca Investments

500

6 Payee address; City; State; Zip Code

7121 Hwy. 90; San Antonio, TX 78227

8 Purpose of payment (See instructions regarding type of information required.)

Rent for Headquarters for June

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Enrique M. Barrera

City Council Dist. 6

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED